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Form	990-T	E	Exempt Organization Bu	sine	ss Income T	ax Return	ı   <del>-</del>	2012		
	ment of the Treasury	For o	, , ,	36			Ope	n to Public Inspection for c(3) Organizations Only		
A [	Check box if Name of organization ( Check box if name changed and see instructions.)					D Employer identification number (Employees' trust, see				
B Ex	empt under section	Print	SANDS FAMILY FOUNDATION	JN		instructions) 20-1034607				
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. be	ox, see ir	nstructions.			business activity codes		
	408(e) 220(e)	Type	NEWBRIDGE ON THE CHARL			EAD.	(See instru	ictions)		
	408A 530(a)		City or town, state, and ZIP code							
1408A 1530(a)   City or town, state, and ZIP code   DEDHAM, MA 02026								523000		
C Book value of all assets F Group exemption number (see instructions)										
at end of year  368, 253.  G Check organization type   501(c) corporation  X 501(c) trust  401(a) trust								Other trust		
H Des		n's prim	nary unrelated business activity.	SEE	STATEMENT 6	· -				
			poration a subsidiary in an affiliated group or a par-			▶ [	Yes	X No		
			ntifying number of the parent corporation.		, g					
			GERALD SANDS	· · · · · ·	Telenh	one number <b>&gt;</b> 6	17-96	55-2000		
Par			de or Business Income		(A) Income	(B) Expenses		(C) Net		
Ц—	Gross receipts or sal				<b>( , ,</b>	(-,				
	Less returns and allo		c Balance	10			-	±		
	Cost of goods sold (			2	-	<del></del>		-		
	- '		•	3						
	Gross profit. Subtrac			<u> </u>						
	Capital gain net incoi		· · · · · · · · · · · · · · · · · · ·	4a						
			Part II, line 17) (attach Form 4797)	4b						
	Capital loss deductio			4c				<del></del>		
			hips and S corporations (attach statement)	5		•				
	Rent income (Sched		(O. b. d.d. 5)	6	<u> </u>	· · · · · -				
	Unrelated debt-finan			7			-			
		-	and rents from controlled organizations (Sch. F)	8						
		of a secti	on 501(c)(7), (9), or (17) organization							
	(Schedule G)			9		<u></u>		<del> </del>		
	Exploited exempt act			10						
	Advertising income (	•	·	11						
	•		ns; attach statement)	12		-				
	Total. Combine line			13	0.					
Pal			ot Taken Elsewhere (see instructions futions, deductions must be directly connect			c incomo)				
			***	eu willi	the unrelated busines	S mcome)	<del></del>			
14	-		lirectors, and trustees (Schedule K)				14	<del></del>		
15	Salaries and wages						15			
16	Repairs and mainte	nance					16	<del></del> .		
17	Bad debts						17	<del></del>		
18	Interest (attach stat						18			
19	Taxes and licenses						19 20	<del></del>		
20	Charitable contribut	Charitable contributions (see instructions for limitation rules)								
21	Depreciation (attack	n Form 4	on Schedule A and elsewhere on return EIVER  ompensation plans  Schedule I)  chedule J)  atement)  nes 14 through 28	•	21		1			
(22	Less depreciation c	laimed o	on Schedule A and elsewhere on return EIV	~~\	22a 22a		22b	<u> </u>		
25 22 /23 \24 \25 \26 APP8	Depletion		REC	92	( ))		23			
24	Contributions to de	terred co	ompensation plans \ 2 9 2V	119	\ <u>ir</u>		24			
25	Employee benefit p	rograms	10/ MAK "				25			
26	Excess exempt exp	enses (S	Schedule I)	Ty i			26			
270	Excess readership (	costs (So	chedule J)	مستسيدلا			27	<del></del>		
280	Other deductions (a	attach sta	atement)				28			
29'							29	0.		
30 <sub>3</sub>			income before net operating loss deduction. Subtr	act line 2	9 from line 13		30	0.		
33	Net operating loss of	deductio	n (limited to the amount on line 30)				31			
322	Unrelated business	taxable	income before specific deduction. Subtract line 31	from lin	e 30		32	0.		
33			ly \$1,000, but see instructions for exceptions)				33	1,000.		
34	Unrelated busin	ess tax	cable income. Subtract line 33 from line 32. If lin	e 33 ıs g	reater than line 32, enter	the smaller				
	of zero or line 32						34	0.		
22370 01-11-	1 LHA For Pa	perwork	Reduction Act Notice, see instructions					Form <b>990-T</b> (2012)		
	044 == 65.4	0 0 -		2						

Pa	art V	Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any	time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank,	Yes	No
	securiti	ies, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial		
		nts. If "Yes," enter the name of the foreign country here		X
2	During the following the first term of the first	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file		X
3	Enter ti	he amount of tax-exempt interest received or accrued during the tax year > \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A										
1	Inventory at beginning of year	1	6	6	Inventory at end of year	6				
2	Purchases	2	7	7	Cost of goods sold. Subtract line 6					
3	Cost of labor	3			from line 5. Enter here and in Part I, line 2	7			_	
4 a	Additional section 263A costs (att. statement)	4a	8	8	Do the rules of section 263A (with respect to			Yes	No	
b	Other costs (attach statement)	4b			property produced or acquired for resale) apply to					
5	Total. Add lines 1 through 4b	5			the organization?					

Sign	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								
Here		13/20/2	Trustes		lay the IRS discuss this return with				
	Signature of officer	Date	Title		structions)? X Yes N				
	Print/Type preparer's name	Preparer's signature	Date,	Check	ıf PTIN				
Paid	1	1// , 1	14 / 1/1	self- employed					

MA 02116

617-761-0600 Form **990-T** (2012)

Firm's address **BOSTON**,

Phone no.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

N/A - NO UNRELATED BUSINESS INCOME NOTED - PROTECTIVE FILING. SEE FORM 990PF FOR DISCLOSURES OF ACTIVITIES.

TO FORM 990-T, PAGE 1